

Initial Application for Written Consent to Engage in the Business of Insurance

Form # LIC 48 (Rev. 3/2/2003)

PURSUANT TO 18 U.S.C. 1033-1034

I hereby make application to the California Insurance Commissioner for a letter consenting to my participation in the business of insurance in the State of California. I make this application with the understanding that any consent granted is effective only for the duties and capacity specified in the application. I also understand that any consent granted by the California Insurance Commissioner will refer only to (1) participation in California in a capacity for which a current resident insurance license is held; (2) participation as a director, officer, or employee of a licensed California domestic insurer or (3) for other participation in the insurance business in the state of California for which no insurance license is required. Additional sheets may be used to complete this application.

1. Full name of applicant: _____

Last

First

Middle

Home Address: _____

P. O. Box or Street

City

State

Zip

County

Telephone No.: _____

2. If you have ever used any other name, please show each such name on the following list:

3. Social Security Number: _____ - _____ - _____

4. Date of Birth: _____ Place of Birth: _____

month/day/year

city/state/country

5. List all professional licenses of any type that you hold or have held. Include the name of the licensee, the license number, dates the license is/was in effect. Show your affiliation if the license is not in your natural name.

6. List all administrative actions or legal pleadings issued as to any license you now hold or have held, including but not limited to California insurance licenses.

7. Please list all of your felony convictions in date order, showing the dates, location of the offenses, the names and locations of the courts, and the crimes committed, including the code numbers. Please attach a full description of your acts involved in each conviction, and include certified copies of each order of judgement or minute order showing the convictions.

8. Please provide complete evidence of the payment of all fines, fees, costs, supervision and restitution ordered in each case.

9. Please state fully how you will participate in the insurance business. If you will do so as an officer, director, employee or contractor of any business, please identify each business by name, and state both the position you will hold and the duties you will perform. Any consent given by the California Insurance Commissioner will be strictly limited to the duties and position stated. Any change in position or duties will require a new application and consent.

10. For each business listed in #9, please list the name, licenses held in any state, type of business (i.e.; sole proprietorship, partnership, corporation, association, or other), date it commenced operations, where it was formed, its current address, and the name of the supervisor or manager to whom you will report.

11. Have you received any pardons to any offense listed in this application? If so, please provide a certified copy of the pardon(s) as part of this application.

12. Please include as part of this application an affidavit from an owner or authorized official of the business that seeks to employ you in the insurance business. The affidavit must list and describe in detail the duties and responsibilities you are performing or will perform for which you seek consent from the California Insurance Commissioner.

13. I have supplied _____ additional sheets which are part of this application.
(number)

Signature Under Penalty of Perjury

I am the applicant for the Consent of the California Insurance Commissioner to my participation in the insurance business in California. I have completed this application personally. I have read and understand all of these questions. I declare under penalty of perjury that the answers I give in this application are complete, true and correct. I understand that all documents supplied are part of my application, and that the California Insurance Commissioner in making a decision on this application may consider all answers given and documents supplied. I understand that any misstatement on this application will be considered in deciding whether to grant the application. I also understand that any misstatement I make in this application may be considered perjury, a crime, for which the Department may seek prosecution and to suspend or revoke any license I hold. I also understand that consent, if granted, applies only to my activities conducted as a resident California licensee or as an officer, director, employee or contractor of a domestic California Insurer.

Signature of Applicant

Date

Please send completed applications to:

***California Department of Insurance
Licensing Background Bureau
300 Capitol Mall 16th Floor
Sacramento, CA 95814***